**CASE PRESENTATION**

A 38-year-old male vaper with ulcerative colitis presented to Orange Park Medical Center, Orange Park, FL, USA, with acute or subacute respiratory illness with unclear etiology [6].

Unfortunately, his dyspnea worsened with declining oxygen saturations. Wash culture grew *C. neoformans*, with serology positive for cryptococcal blood antigen. High-dose fluconazole was started, and he began to improve. Repeat bronchial wash cultures remained positive for cryptococcus, and biopsy revealed noncaseating granulomas with fungal elements (Figure 3, 4).

**DISCUSSION**

- This is a rare case of a vaper with disseminated pulmonary cryptococcosis causing a pulmonary SLR.
- SLR is commonly thought to be secondary to an immune response to tumor cells in the setting of invasive metastatic cancer. Granulomas are typically adjacent to tumor or lymphatic vessels [3,4].
- Differentiating sarcoidosis from SLR based on cryptococcal infection is difficult since sarcoidosis may precede cryptococcal infection, whereas SLR may be caused by a cryptococcal infection [4].
- Treatment of sarcoidosis vs SLR is different; steroids are mainstay therapy for sarcoidosis, whereas SLR is treated by addressing the root cause (antifungals for cryptococcus in this case) [4].
- Further investigation is also needed into the association of EVALI with pulmonary cryptococcosis as it is currently lacking in published literature [6,7].
- Cryptococcal infection should be considered as a cause of SLR and differentiated from sarcoidosis early for appropriate antifungal treatment.

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**REFERENCES**


